

## MEETING MINUTES

<b>Project Name:</b> IPRS	<b>Doc. Version No:</b> 1.0	<b>Status:</b> Final
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**Meeting Name:** IPRS Core Team Meeting  
**Facilitator:** Eric Johnson, DMH  
**Scribe:** April Taylor  
**Date:** 04/23/2008  
**Time:** 10:30 – 11:30 AM  
**Location:** Wycliff – Conference Room 430

### IPRS Core Team Attendees:

Gary Imes	<b>Others:</b>
Thelma Hayter	x Cathy Bennett
x Eric Johnson	x Sandy Flores
x Travis Nobles	x Paul Carr
Cheryl McQueen	x Theresa Diana
x Sharlene Bryant	Chris Ferrell
x Jamie Herubin	x Rick Kretschmer
Mike Frost	Deborah LeBlanc
x Myran Harris	Tim Sullivan
	x April Taylor

### Attendees:

x Alamance-Caswell	x Johnston
x Albemarle	x Mecklenburg
x Catawba	x Onslow-Carteret
x Centerpoint	x OPC
x Crossroads	x Pathways
x Cumberland	x Sandhills
x Durham	x SE Center
x Eastpointe	x SE Regional
x ECBH	x Smoky Mountain
x Five – County MHA	x The Beacon Center
x Foothills	x Wake
x Guilford	x Western Highlands

**Attendees:**

**Item No. Topics**

1. Roll call
2. Please mute phones or refrain from excess activity to help with communications. Please state your name and which “area program” you are from when you speak. **Please do not place IPRS Core Team call on hold because of potential distraction to call discussion.**
3. Upcoming Check-writes (cut-off dates) – May 1, 8, 15, 22
4. Agenda items
  - FARO – April 30 Core Team
  - Beta Test (NPI) Requirements Review
    - 100 records/LME/submission; Format test; full cycle run, 835
    - **Update schedule termination: TBD**
  - IPRS Questions or Concerns
  - MMIS Updates- Theresa Diana
5. DMH and/or EDS concluding remarks
  - For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.
    - Physician phone analyst (i.e. Independent Mental Health Providers)-1
    - Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 2
6. Roll Call Updates

**Next Meeting: May 7, 2008**

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.  
Call the IPRS Help Desk – 1-800-688-6696, option 4 or 919-816-4355  
M-F, 8 a.m.-4:30 p.m., excluding holidays.  
IPRS Question and Answer email address – [iprs.qanda@ncmail.net](mailto:iprs.qanda@ncmail.net)

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	<p><b><u>Check writes</u></b></p> <p>Eric Johnson: We had a checkwrite this week, are there any questions regarding this checkwrite?</p> <p>Pathways: Are you aware that when you reprocessed 8505s for Single Streams that you did not use an effective date? Because we did not become effective until April 1<sup>st</sup>, but we got paid for claims prior to that date.</p> <p>Jamie Herubin: Yes, we noted in the User Alert that we processed from July 1st 2007 through March 27<sup>th</sup> 2008 regardless of when you went Single Stream. We are aware of that and you don't have to give the money back.</p> <p>Eric Johnson: We have a write-in agenda item related to the Single Stream zero-paid solution, so if you have any more questions related to that—hold them until we get to that point. Any more questions regarding the checkwrite?</p> <p>Mecklenburg: We had claims that came over to Medicaid as well once they were reprocessed.</p> <p>Eric Johnson: Your client evidently received Medicaid eligibility between the original process date and the reprocess date.</p> <p>Mecklenburg: We'll go back and check on some of these, but at the time these clients didn't have Medicaid.</p> <p>Eric Johnson: Right, and that's what we're saying would've changed...if they did receive Medicaid eligibility since the original paid date, it would have been picked up in the reprocess.</p> <p>Onslow-Carteret: This issue with IPRS denials under Medicaid has been going on forever. Some of these clients don't have or never had Medicaid eligibility, but the services are Medicaid eligible. The problem is determining what is the legitimate total of Medicaid denials.</p> <p>Smoky Mountain: We've had this issue as well, including with clients that had Medicaid eligibility in the past but do not anymore.</p> <p>Eric Johnson: Could you send us an example? We feel certain that the edits/rules have not changed and that this is something that needs to be clarified or communicated better.</p> <p>Catawba: At one time Cheryl said that if a claim routes to IPRS but IPRS can't pay it and it's a Medicaid-eligible service, it will route to Medicaid to attempt to find a payer. Cheryl could have some insight.</p> <p>Eric Johnson: Medicaid is the preferred payer. We can look at an example to clarify any remaining misunderstanding.</p>

2.	<p><b><u>Agenda Item: FARO</u></b></p> <p>Eric Johnson: We will not be conducting our regular core team meeting call next week as a result of FARO and will reconvene on May 7.</p> <p>We have not received any questions for Cheryl's presentation for the conference. If you have any questions, you can send them to IPRS Q&amp;A.</p> <p>Catawba: Is she going to address the alternative service requests for the use of state funds?</p> <p>Eric Johnson: I'm not sure if she is going to address that or if someone else from the State is going to address that. Someone will address it.</p>
3.	<p><b><u>Agenda item: Zero Paid Solution</u></b></p> <p>Eric Johnson: This past checkwrite we reprocessed the second half of the 8505 and 8508 claims for all Single Stream LMEs. Your ICNS would have begun with 252008104, and at this point you can do adjustments for any of those claims that received the 8586 EOB. Are there any questions regarding this?</p>
4.	<p><b><u>Beta Test (NPI)</u></b></p> <p>Eric Johnson: There are only a few weeks left before NPI implementation, 5/23/08. We encourage everyone to test if they haven't done so already. We are still moving forward with our implementation date. Are there any questions about Beta testing?</p> <p>Western Highlands: We completed beta testing. Can I submit NPI-only claims when billing?</p> <p>Eric Johnson: Yes. That is the purpose of the format and content testing, to make sure that as much as possible you feel comfortable sending NPI-only claims.</p> <p>Western Highlands: We still need MPN on Medicaid claims.</p> <p>Paul Carr: Claims that come in through IPRS mailbox with NPI only will go through the IPRS mapping solution.</p> <p>Western Highlands: So it is OK to send Medicaid claims with NPI only?</p> <p>Paul Carr: If your legacy provider numbers are also in IPRS, yes.</p> <p>Other questions?</p> <p>Guilford: How often is the NPI enrollment status report updated?</p> <p>Paul Carr: Every Tuesday morning.</p>

5.	<p><b><u>IPRS Related Questions</u></b></p> <p>Guilford: To get an attending provider from active to inactive, do we have to delete every pop group?</p> <p>Paul Carr: No, it is better to end date the type and specialty.</p> <p>Eastpointe: Is there a report that defines the type/specialty? What the type and specialty mean?</p> <p>Eric Johnson: I don't know about a report on Report 2 Web. I would hope you could find something like that on the DMA website</p> <p>Pathways: We've asked this kind of question before, we've never been able to find a complete list. You can find some of the information on the fee schedule.</p> <p>Western Highlands: You can find the information on the Medicare website, under Medicare Part B crossover, it's titled Medicare Part B Crossover Percentage Payment Table, provides type and specialty codes along with the description.</p> <p>[inserted link: <a href="http://www.dhhs.state.nc.us/dma/fee/PartBCrossover-am.pdf">http://www.dhhs.state.nc.us/dma/fee/PartBCrossover-am.pdf</a>]</p> <p><b><u>MMIS Updates</u></b></p> <p>Theresa Diana: We are still waiting for an answer from DMA regarding the 90862 and 90805 rates. The fee schedule states something lower than what providers are actually being paid.</p> <p>Also there were the specialty 128, the LCA, had a large number of recoup/repays that occurred on the April 15th Medicaid checkwrite due to (decreased) rate changes.</p> <p>Western Highlands: Will IPRS change their rates as well?</p> <p>Eric Johnson: Our rates will be changed effective as of Medicaid's change (and forward of that), but we will not make retro-rate changes.</p> <p>Paul Carr: It's not really a change on our side, we simply look at the Medicaid rate schedule for those services, so Medicaid's change will affect our claims as soon as the change is made. We will not do a retro rate adjustment.</p> <p><b><u>MMIS Questions</u></b></p> <p>Eastpointe: Has any decision been made in regard to IPRS recouping back a year for retro-Medicaid, when Medicaid will only pay for services back 90 days because that's only how far back Value Options will grant PA?</p> <p>Eric Johnson: I know they (DMA) are aware of the issue, but I have not heard of a decision.</p> <p>Onslow-Carteret: Where claims not being able to pay from the state for services not covered by the third party or Medicare, even through we submit an RA showing the services paid by Medicare. Some of our providers seem to have a problem with MQB and</p>
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	<p>Family Planning.</p> <p>Eric Johnson: We believe we've taken care of forcing payments inside of IPRS for MQB. So send your information into Q&amp;A.</p> <p>Paul Carr: We've coded changes to force the claims for clients with MQB-only eligibility in Medicaid to go to the IPRS side, so if you're having issues sending in these claims, we'd like to see your information so we can help you out.</p> <p>Western Highlands: I have a CAP waiver question. I'm not able to get claims settled for the new procedure code. Where can I get assistance?</p> <p>Theresa Diana: I think I had requested a few other examples if you had them, in order to aid EDS identify the issue. Can you send them in a password protected file?</p> <p>Western Highlands. Sure.</p> <p>Eastpointe: We've been told to use the (client eligibility) matrix from July instead of the most recent one.</p> <p>Eric Johnson: I'm not sure who you spoke to from the state, but I can tell you that there are a number of issues regarding the matrix. The division did not initially intend the matrix to be the last word in how the client was to be placed in the population, it was just to be a tool. The matrix is not supposed to overrule the clinician. Team members that developed and maintain the matrix are not available at this time. We have noted and recorded issues, other than that we can't tell you what to do with the matrix except to say bear with the situation for the time being.</p>
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